

## ENTRON SECURITY SERVICES

## Daily Security Report

Chent No. 2036 Client I	Location /O	04 05	Wego 5	T. UTE	L	1. 1/	Date	Q /2	5/8	2									
Facility Equipment  Detex Clock   Weapon   No.   N/A   Holster   N/A   NightsHick   N/A   Raiscoat   Flashlight   3									1004 Oswego ST. VIELA, N.Y. 2/25/87 Other RADIO / 2Keys / Log Book										
Officers: Fully explain all items marked "Yes" with time and all detail. For additional space use reverse side and attach incident reports.	Officer—Day Shift (Name)					Officer	-Swing Shi					Officer-Grave Shift (Name)  Chie  Ch							
•	Began	1	8 AMPM	Ended	// 60m-PM	Began		AM-PŃ	i Ended		HM-PM Began	12	<i>n</i> 1	AM-PM	Ended	5	(Augu		
Observations or actions taken	Yes	No		Explanation		Yes	No		Explanation	on	Yes	No	701	ALIEN CIE	Explanatio	n			
Rounds or stations missed		V					X					1_			•				
Unlocked doors, gates or windows		V					X				•	4	_			<u> </u>			
Unlocked vaults or safes		V					X					1,-							
Fire-smoke-or hazards		/					X					1-							
Extinguishers missing or defective		V					X					,					·		
2. Sprinkler system defective		1					X					1							
3. Fire doors or exits blocked		V					X					1	_			· · · · · · · · · · · · · · · · · · ·			
4. Rubbish accumulation		~				1.	X					1							
5. Motors running		V		<del></del>			X		······································			1	4						
6. Lights left burning		V				X		As Pa	QUER	ed		,		-					
Injury hazards		/					4	72 70	7			1							
Visitors OHM & EPH po	ople	on	site		•		X				1	- 1	OH	MSE	EPH	PEO	PLF		
Trespassing		V					X					4		1 51					
Violation of company rules		V		•			X					1_		·,					
Remarks 9900 - Jeurs - Eng	avie.	-ag	. i. )0	965 - Z	an Engl		s Je	100 m Jan	lian . Za	Lawk ibs	ley åd in	- <b>V</b> . 7	07 Z	olauk	Valley	منا ت	(م		
IMPORTANT: If you were ill or injured pl	ease expl	ain on the	reverse side	of this form	n and call your su	pervisor	before lea	ving this po	st.				<del> </del>	<del></del>					
1. Were you injured during this tour?			ay Shift	1. Yes	2. No Yes	No	3. Swing S	hift 1.	Yes No.	2 Yes	~ 1.	Grave Shift Yes	No 1	Yes	No 2	Yes	3. No		
2. Did you suffer any illness?			es <b>No</b> ).	Yes	No Yes	No	Yes	NO	Yes No	Yes			NO)	Yes	No	Yes	No		
3. Have you reported all accidents coming to	your atter		No No Ay Shift	Yes	No Yes	No	es	No	Yes No.	Yes	No (	Yes)	No	Yes	No	Yes	No		
<u>.</u>	s	ignatures t	ay Shift	ne	the Ho	0.7		dick	1/2	ma uu	. /	Grave Shift	Dic	k)	Tok	osz	ki		
	S	ignatures 2	l			/	2		<i>I</i>		1	2.							
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